

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029315

1. Entity Name  
FLIPPER BLUE INTL. CORP.

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**  
02-26-2001 90533 040 \*\*\*150.00

Principal Place of Business

3425 COLLINS AVE., #1401  
MIAMI BEACH FL 33140

Mailing Address

3425 COLLINS AVE., #1401  
MIAMI BEACH FL 33140

C0024611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7601 E TREASURE DR.  
Suite, Apt. #, etc.  
810

3. Mailing Address

7601 E TREASURE DR.  
Suite, Apt. #, etc.  
810

City & State

N. Bay Village, FL

City & State

N. Bay Village, FL

4. FEI Number

65-1027159

Applied For

Not Applicable

Zip

33141

Country

Zip

33141

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, EDGARDO RUBEN  
3425 COLLINS AVE., #1401  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUAREZ, EDGARDO RUBEN	
STREET ADDRESS	3425 COLLINS AVE., #1401	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORNEJO, ALICIA NOEMI	
STREET ADDRESS	3425 COLLINS AVE., #1401	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suarez, Edgardo Ruben	
STREET ADDRESS	7601 E TREASURE DR #810	
CITY-ST-ZIP	N. Bay Village, FL 33141	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cornejo, Alicia Noemi	
STREET ADDRESS	7601 E TREASURE DR #810	
CITY-ST-ZIP	N. Bay Village, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-01

CR2E034 (10/00)